

FOOD STAMP WORKSHEET

Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m)].

Case Name	Worker Name	Case Number
-----------	-------------	-------------

		MONTH AND YEAR			
		Elderly or disabled member?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LINE		NUMBER IN GROUP			
1	ENTER	VEHICLE ASSETS	\$	\$	\$
2	ENTER	OTHER ASSETS	\$	\$	\$
3	ADD	TOTAL ASSETS (1+2)	\$	\$	\$
4	ENTER	ASSET LIMIT (11.1.0)	\$	\$	\$
5	ENTER	EARNED INCOME	\$	\$	\$
6	ENTER	ROOM & BOARD EARNED INCOME	\$	\$	\$
7	ADD	TOTAL EARNED INCOME (5+6)	\$	\$	\$
8	ENTER	TOTAL UNEARNED INCOME INCLUDING W-2 PAYMENT	\$	\$	\$
9	ADD	TOTAL GROSS INCOME (7+8)	\$	\$	\$
10	ENTER	GROSS INCOME LIMIT (18.1.0)	\$	\$	\$
11	ENTER	EXCESS MEDICAL EXPENSES (ELDERLY/DISABLED ONLY)	\$	\$	\$
12	ENTER	EARNED INCOME DEDUCTION (20% OF LINE 7)	\$	\$	\$
13	ENTER	STANDARD DEDUCTION (18.3.0)	\$	\$	\$
14	ENTER	CHILD SUPPORT PAYMENT DEDUCTION	\$	\$	\$
15	ENTER	DEPENDENT CARE DEDUCTION (18.3.0)	\$	\$	\$
16	ADD	SUBTOTAL DEDUCTION (ADD 11 THROUGH 15)	\$	\$	\$
17	SUBTRACT	SUBTOTAL NET INCOME (LINE 9 MINUS LINE 16)	\$	\$	\$
18	ENTER	TOTAL SHELTER EXPENSE (LINE 8 ON BACK OF WORKSHEET)	\$	\$	\$
19	ENTER	50% OF LINE 17	\$	\$	\$
20	SUBTRACT	18 - 19 = SHELTER DEDUCTION	\$	\$	\$
21	ENTER	SHELTER MAXIMUM - (18.3.0) (NO CAP ELDERLY/DISABLED)	\$	\$	\$
22	SUBTRACT	TOTAL NET INCOME (LINE 17 MINUS LINE 21)	\$	\$	\$
23	ENTER	NET INCOME LIMIT (18.1.0)	\$	\$	\$
24	ENTER	ADJUSTED NET INCOME (ROUND LINE 22) ¹	\$	\$	\$
25	ENTER	MONTHLY ALLOTMENT (COMPARE ADJUSTED NET INCOME TO GROUP SIZE) (18.8.0)	\$	\$	\$
26	ENTER	INITIAL ALLOTMENT ²	\$	\$	\$
27	ENTER	MONTHLY RECOUPMENT	\$	\$	\$
28	ENTER	ALLOTMENT DUE (AMOUNT FROM 25 OR 26)	\$	\$	\$
29	ENTER	ACTUAL ALLOTMENT ISSUED	\$	\$	\$
30	SUBTRACT ³	LINE 28 MINUS	NEGATIVE - OVERPAY	\$	\$
		LINE 29	POSITIVE - UNDERPAY	\$	\$

1. Use full dollar and cents amounts through line 22. Compute line 24 by rounding it to the nearest dollar. For example, if the amount is \$112.50, round up to \$113; if it is \$234.49, round down to \$234.
2. Prorate monthly allotment by dividing by the number of days remaining in the month including the application date by the total number of days in the month. Multiply the result by the monthly allotment (line 25) = initial allotment; round down 1 cent through 99 cents.
3. Lines 29 and 30: for manual overpayment/underpayment calculations only.

FOOD STAMP WORKSHEET (REVERSE)

			CERTIFY FROM _____ TO _____	CERTIFY FROM _____ TO _____	CERTIFY FROM _____ TO _____
A		TELEPHONE STANDARD	\$	\$	\$
B		HEATING AND COOKING FUEL	\$	\$	\$
C		ELECTRICITY	\$	\$	\$
D		WATER	\$	\$	\$
E		SEWER/WASTE WATER TREATMENT	\$	\$	\$
F		UTILITY INSTALLATION FEE	\$	\$	\$
G		GARBAGE/TRASH COLLECTION	\$	\$	\$
H	ADD	(A) THROUGH (G) TO GET "ACTUAL UTILITY EXPENSE"	\$	\$	\$
I	ENTER	APPROPRIATE UTILITY STANDARD	\$	\$	\$
J	ENTER	ACTUAL UTILITY EXPENSES OR APPROPRIATE UTILITY STANDARD, DEPENDING ON FS GROUP'S			
K		RENT	\$	\$	\$
L		MOBILE HOME LOT RENTAL	\$	\$	\$
M		MOBILE HOME LOAN PAYMENTS	\$	\$	\$
N		HOME MORTGAGE PAYMENTS	\$	\$	\$
O		PROPERTY TAXES (IF NOT INCLUDED IN MORTGAGE)	\$	\$	\$
P		SPECIAL ASSESSMENTS	\$	\$	\$
Q		INSURANCE ON THE STRUCTURE (IF NOT IN MORTGAGE)	\$	\$	\$
R	ADD	(J) THROUGH (Q) TO GET "TOTAL SHELTER EXPENSE"	\$	\$	\$

ENTER THE TOTAL SHELTER EXPENSE FROM LINE (R) ON LINE 18 ON FRONT OF WORKSHEET.